

changes in triglycerides in olanzapine-treated women ($n = 32$) versus ziprasidone-treated women ($n = 44$) trending toward significance ($p = 0.09$). **CONCLUSIONS:** In a six-week trial, men treated with olanzapine experienced an increase in CHD risk that was significant versus a decrease in men treated with ziprasidone, while changes in risk did not differ significantly between olanzapine- and ziprasidone-treated women. These results paralleled changes in lipid profile. Investigation is warranted into effects of long-term treatment with atypical antipsychotics on risk of CHD.

PMH19

CLIENT AND STAFF INVOLVEMENT IN FORMAT DESIGN OF A HEALTH-RELATED QUALITY OF LIFE SURVEY FOR INDIVIDUALS WITH SCHIZOPHRENIA, THE SCHIZOPHRENIA OUTCOMES ASSESSMENT PROJECT (SOAP) SURVEY

Barr JT, Schumacher GE, Ohman SM, Quimby CM
Northeastern University, Boston, MA, USA

OBJECTIVES: Since end-users of survey may have design format preferences that are undetected by survey developer/administrators, we elicited client and staff input and preferences for three survey formats of a 51-item health-related quality of life survey for community-residing individuals with schizophrenia. **METHODS:** Using cognitive interviews and visual analogue preference ratings (0–100 scale), we sought qualitative and quantitative input from 29 community-residing clients with schizophrenia and 33 staff members at four sites concerning their preferences for three formats of the 51-item Schizophrenia Outcomes Assessment Project (SOAP-51) Survey: a 6-page booklet with responses horizontally listed below each item, a 4-page version with responses to the right of each item, and a compressed 2-page version of the former. Survey formats were presented in randomized order. Staff was also asked their preference for four versus five-response format. Clients were individually interviewed in 15–20 minutes sessions; staff had individual (20–30 minutes) or group (45–60 minute) sessions. **RESULTS:** Clients preferred the booklet and 4-page format over the 2-page version; respective VAS values of 70.1, 68.9, and 47.0 ($p = 0.012$). Qualitatively, clients indicated that the 2-page was too compressed and that the 4-page format made it easier to link the response to the question. Staff preferred 4 responses to 5 (84.0 versus 46.1, $p < 0.0001$) because they perceived little distinction between two of the five response levels. Staff had a preference trend toward the 4-page format over the booklet or 2-page (68.6, 58.6, and 58.9 respectively, $p = 0.22$). When asked their first choice, 47% of staff indicated 4-page; 34%, 2-page; and 19%, booklet. **CONCLUSIONS:** Clients preferred booklet and 4-page formats; staff preferred 4-page and 2-page formats. Based on this input, we have selected the 4-page format, the common preference of both groups. Survey developers should incorporate end-users

to provide insight into format preferences and cognitive processing.

PMH20

TREATMENT WITH PSYCHOSTIMULANTS IS ASSOCIATED WITH DECREASED RATES OF SUBSTANCE ABUSE AND IMPROVED SCHOOL OUTCOMES AMONG CHILDREN WITH AD/HD

Katusic SK, Barbaresi WJ, Colligan RC, Weaver AL, Mrazek DA, Jacobsen SJ
Mayo Clinic, Rochester, MN, USA

OBJECTIVES: To study the long-term impact of psychostimulant treatment on substance abuse and school outcomes in a population-based cohort of AD/HD cases. **METHODS:** Subjects included 282 AD/HD research identified cases treated with psychostimulant medication and 81 AD/HD cases that were never treated with psychostimulants. These subjects are subsets of the 363 research identified cases from a population-based birth cohort, born in Rochester, MN 1976–1992 who remained in Rochester after age 5 ($N = 5,718$). All 363 cases were followed from age 5 until emigration, death, school graduation, drop out. Among 282 treated with stimulants, 85% ($N = 239$) of cases were treated with methylphenidate. Data on type of psychostimulant, dosage prescribed (Methylphenidate Equivalent Units), start/stop dates were collected from medical and school records. The same resources were retrospectively and longitudinally examined for the documentation of substance abuse and school outcomes. Associations between psychostimulant treatment and outcomes were evaluated using general linear and logistic regression models. **RESULTS:** Of the AD/HD cases treated with stimulants, 16.3% had documented substance abuse compared to 23.5% cases not treated ($OR = 0.6$; 95% $CI = 0.3$ – 1.2 ; $p = 0.14$). Cases treated at an earlier age were less likely to have documented substance abuse ($p = 0.025$) as well as those treated for a longer duration ($p = 0.17$). Cases with higher average daily psychostimulant dosage had higher reading scores ($r = 0.14$, $p = 0.025$). Cases treated with psychostimulants were absent significantly less than those who were not treated ($p = 0.024$). Furthermore, cases treated longer were absent less ($r = -0.18$, $p = 0.003$). **CONCLUSIONS:** Our large, longitudinal, population-based, study demonstrates that psychostimulant treatment is associated with decreased substance abuse and improved school outcomes among AD/HD cases. Our study confirms the positive impact and importance of long-term treatment with psychostimulants and reflects an improvement in the lives of children with AD/HD.

PMH21

PSORIASIS AND DEPRESSIVE SYMPTOMATOLOGY: SPANISH RESULTS

Taïeb C¹, Garrido JA², Myon E¹

¹Pharmaco Economics & Quality of Life Department, Boulogne Billancourt, France; ²Pierre Fabre Iberica, Barcelona, Spain